

## DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare: that my citizenship, residence and post office address are as stated below; that I verily believe I am the original, first and sole inventor (if only one is named below) or a joint inventor (if plural inventors are named below) of the invention entitled:

### DRIVING SYSTEM FOR A SEPARATOR

the specification of which is filed herewith.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):	Priority Claimed		
<u>103 14 118.9-23</u> (Number)	<u>Germany</u> (Country)	<u>28 March 2003</u> (Day/Month/Year)	<u>Yes</u> Yes/No

I hereby appoint as principal attorneys:

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to prosecute and transact all business in the Patent and Trademark Office connected with this application and any related United States and international applications.

Please direct all communications to the following address:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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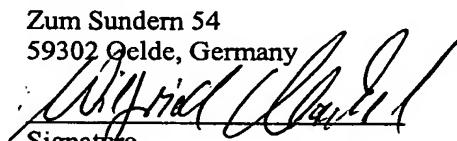
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